

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10415**

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 42

I. PLACE OF DEATH

a. COUNTY

Laclede

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Lebanon

c. LENGTH OF STAY (in this place)

2 1/2 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION

Long Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Laclede

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Lebanon0537

d. STREET ADDRESS (If rural, give location)

Long Nursing Home

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

Thomas E. Wells

(Type or Print)

4. DATE OF DEATH

(Month)

(Day)

(Year)

March 5 1953

5. SEX

0

6. COLOR OR RACE

Male white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

?? 1871

9. AGE (In years last birthday)

82

IF UNDER 1 YEAR

Days

IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Unknown9

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Maggie M. Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT'S SIGNATURE OR NAME

Long Nursing Home Lebanon, Mo.

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

()

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4500

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1953, to 1-5-1953, that I last saw the deceased alive on 3-5-1952, and that death occurred at 11:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE

R. E. Hanel, M.D.

(Degree or title)

23b. ADDRESS

Lebanon, Mo.

23c. DATE SIGNED

3-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/7/53

24c. NAME OF CEMETERY OR CREMATORY

Cuba Cemetery

24d. LOCATION (City, town, or county) (State)

near Grove Spring Mo.

DATE REC'D BY LOCAL REG.

3-9-1953

REGISTRAR'S SIGNATURE

Stella L. May424

25. FUNERAL DIRECTOR'S SIGNATURE

W. E. Holman

ADDRESS

Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

537
4

MAR 16 1953

Embalmed _____
_____ Health Unit ^{3.83.47}
File No. _____ MAR 17 1953
Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Dorsey M. Howe

Signed.....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.